



Office of Public Instruction
Linda McCulloch, Superintendent
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Summer Food Service Program
ADULT DAILY MEAL COUNT FORM - ENROLLED SITES AND CAMPS

Site Name _____ Date From _____ Date To _____

Key: B = Breakfast; AM = AM Snack; L = Lunch; PM = PM Snack; S = Supper

Name	B	A M	L	P M	S	B	A M	L	P M	S	B	A M	L	P M	S	B	A M	L	P M	S	B	A M	L	P M	S
Program Adults																									
Non-Program Adults																									
Total Ineligible Meals (I)																									

I certify that the above counts are true and correct. Authorized Signature _____ Date _____